



GP 3724

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventor(s): Ross F. Heil and Ernest Lopez

Appln. No.: 10/040,003

Confirm. No.: 1154

Filed: November 7, 2001

Title: BAG STAND

PATENT APPLICATION

Art Unit: 3724

Examiner: Boyer D. Ashley

Customer No. 23910

part of #8

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 24, 2003.

[Signature]

(Attorney Signature)

Michael L. Robbins, Reg. No. 54,774

Signature Date: September 24, 2003.

RESPONSE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

✓

A Response to the Notice of Non-Compliant Amendment (37 CFR 1.121) mailed

September 15, 2003.

RECEIVED

SEP 30 2003

TECHNOLOGY CENTER R3700

The fee associated with this communication has been calculated as shown below:

- ☒ No fee is required with this communication.
- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.
- ☐ A fee for extension of time for response under 37 C.F.R. §1.136 filed within month(s) after the original time for response of \$ is due.
- ☐ A fee of \$180.00 is due for the submission of the accompanying Information Disclosure Statement.
- ☐ A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity	Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>27</u> -	<u>33</u>	<u>0</u>	X \$ 9.00 X \$ 18.00	\$0.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>11</u> -	<u>13</u>	<u>0</u>	X \$ 42.00 X \$ 84.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$140.00 + \$280.00	\$---
				TOTAL	\$0.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$ 0.00 and is to be paid as follows:

☐ Please charge Deposit Account No. 06-1325 in the amount of \$. A duplicate copy of this authorization is enclosed.

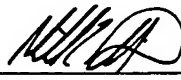
☐ A check in the amount of \$ is enclosed.

✓

The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: 9/21/03

By: 
Michael L. Robbins
Reg. No. 54,774

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